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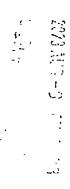
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Screen of the United Liability Compa	FX + LLC my as it now appears on our records.)			
(A Florida Limited)	Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L2300005 4308</u> .	were filed on $1/30/2023$ and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1439 Image Lane New Port Richey FL 34653			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered			
Name of New Registered Agent: New Registered Office Address:	TRIAGE LA - NEW PORT RICHEY F.			
	Florida Street address Richer Florida J1 5 3 City Zip Code			
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet	ree to act in this capacity. I further agree to comply with the re performance of my duties, and I am familiar with and			

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MIGRM	JON M. STUBE	7439 IMAGE W. NEWPORT RICHEY: FL.34653	Add
			□Remove
			Change
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